

Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101
Louisville, KY 40222
502/429-7280
<http://dentistry.ky.gov>

ANESTHESIA/SEDATION FACILITY UPDATE FORM

To add a new facility, you must submit the Application for Sedation or Anesthesia Facility Certificate Form and fee and an inspection of the new facility will be scheduled. The form is located at <http://dentistry.ky.gov/forms>.

- ☐
- Delete Facility

Facility Owner's Name

Name of Business

Dentist's Name _____

Last/Suffix	First	Middle
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License Number _____ Facility Permit Number _____

Name of Anesthesia/Sedation Administrator or Company

Facility address _____			
Business Name _____		Number & Street (PO Boxes Not Acceptable) _____	

City _____ State _____ ZIP _____

KY County	Phone #
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Dentist/Facility Owner's Signature

Effective Date of Change

Dentist/Facility Owner's Email Address

Dentist/Facility Owner's Phone Number